

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 12, 1999 8:00 am  
Secretary of State

05-12-1999 90007 046 \*\*\*150.00

DOCUMENT # 821543

1. Corporation Name

CORPORATE HEALTH INSURANCE COMPANY

Principal Place of Business

980 JOLLY ROAD  
POST OFFICE BOX 1109  
BLUE BELL PA 19422  
US

Mailing Address

980 JOLLY ROAD  
POST OFFICE BOX 1109  
BLUE BELL PA 19422  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1968

4. FEI Number

23-2710210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 151 Farmington Ave., MC64

27 Suite, Apt. #, etc.

28 City & State

Hartford, CT

29 Zip

Country

06156

30

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME CARDILLO, MICHAEL J  
STREET ADDRESS 980 JOLLY ROAD  
CITY-ST-ZIP BLUE BELL PA 19422

TITLE V ☐ DELETE  
NAME NOLAN, TIMOTHY E  
STREET ADDRESS 980 JOLLY RD  
CITY-ST-ZIP BLUE BELL PA 19422

TITLE SD ☐ DELETE  
NAME SIMON, DAVID F  
STREET ADDRESS 980 JOLLY ROAD  
CITY-ST-ZIP BLUE BELL PA 19422

TITLE V ☐ DELETE  
NAME DELUCCA, JOHN F  
STREET ADDRESS 980 JOLLY RD  
CITY-ST-ZIP BLUE BELL PA

TITLE T ☐ DELETE  
NAME SMYK, DAVID C  
STREET ADDRESS 980 JOLLY ROAD  
CITY-ST-ZIP BLUE BELL PA 19422

TITLE V ☒ DELETE  
NAME MALTZ, ALLEN P  
STREET ADDRESS 151 FARMINGTON AVE  
CITY-ST-ZIP HARTFORD CT 06156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition  
1.2 NAME JOHN J. BERMEI  
1.3 STREET ADDRESS 151 FARMINGTON AVE., MC65  
1.4 CITY-ST-ZIP HARTFORD, CT 06156

2.1 TITLE P/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE V/S/D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE V/S ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE V/T ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME JAMES A. GEYER  
6.3 STREET ADDRESS 151 FARMINGTON AVE., MB52  
6.4 CITY-ST-ZIP HARTFORD, CT 06156

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

Corporate Health Insurance Company  
Officer list

546078-90007-46  
#82/543

1. Full Legal Name: Timothy E. Nolan  
Title(s): President, Director  
Business Addr: AUSHC  
980 Jolly Road, US1C  
Blue Bell, PA 19422
2. Full Legal Name: David F. Simon  
Title(s): Executive Vice President, Secretary, Director  
Business Addr: 980 Jolly Road, U1AA  
Blue Bell, PA 19422
3. Full Legal Name: David C. Smyk  
Title(s): Vice President, Treasurer  
Business Addr: 980 Jolly Road, U14C  
Blue Bell, PA 19422
4. Full Legal Name: James A. Geyer  
Title(s): Vice President, Chief Actuary  
Business Addr: 151 Farmington Ave., MB52  
Hartford, CT 06156
5. Full Legal Name: John J. Bermel  
Title(s): Vice President, Controller  
Business Addr: 151 Farmington Ave., MC65  
Hartford, CT 06156
6. Full Legal Name: John F. Delucca  
Title(s): Vice President, Assistant Secretary  
Business Addr: 980 Jolly Road, U14C  
Blue Bell, PA 19422
7. Full Legal Name: Robert J. Colleran  
Title(s): Assistant Secretary  
Business Addr: 151 Farmington Ave., MC64  
Hartford, CT 06156
8. Full Legal Name: William I. Kramer  
Title(s): Assistant Secretary  
Business Addr: 980 Jolly Road, U19A  
Blue Bell, PA 19422
9. Full Legal Name: Brian J. Kost  
Title(s): Assistant Secretary  
Business Addr: 151 Farmington Ave., MC64  
Hartford, CT 06156
10. Full Legal Name: Debra L. Weger  
Title(s): Assistant Secretary  
Business Addr: 980 Jolly Road, U14C  
Blue Bell, PA 19422
11. Full Legal Name: Paul J. Selian  
Title(s): Senior Investment Officer  
Business Addr: 151 Farmington Ave., RTAA  
Hartford, CT 06156